

MILPERSMAN 1301-010

TRANSFER OF AN OFFICER FOR MEDICAL TREATMENT

Responsible Office	NAVPERSCOM (PERS-83)	Phone:	DSN	882-3242
			COM	(901) 874-3242
			FAX	882-2622

Governing Directives	SECNAVINST 5720.42E OPNAVINST 5510.1H OPNAVINST 5350.4B
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Reference	Report Control Symbol BUPERS 1301-13, Officer Hospitalization Report Report Control Symbol BUPERS 1302-5, Officer Availability Report
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1. **Policy.** Officers transferred to a hospital or medical facility for treatment shall not be detached from the permanent duty station (PDS) except under orders from Chief of Naval Personnel (CHNAVPERS).

2. **Commanding Officer's Responsibility.** Upon hospitalization of an officer permanently under his or her command, and when any of the situations listed below occurs, the commanding officer (CO) shall promptly submit a Report Control Symbol (RCS) BUPERS 1301-13 to Navy Personnel Command (NAVPERSCOM) (officer detailer or PERS-83). The CO shall also send an information copy of the report to the hospital or medical facility concerned. The situations are as follows:

a. The officer hospitalized is in receipt of permanent change of station (PCS) orders (discharge, release from active duty, resignation, or retirement).

b. The probable duration of hospitalization (inpatient care) will exceed 10 days.

c. The officer's ship will depart the immediate area of hospitalization.

d. The hospitalization of the officer creates a need or probable need for replacement.

e. Any other circumstances under which the CO considers such notification advisable (i.e., when an officer in receipt of PCS orders is being treated on an outpatient basis and cannot execute the orders as written).

3. Commanding Officer of Medical Activity Responsibility. The CO with medical responsibility shall

a. promptly submit an initial RCS BUPERS 1301-13 to NAVPERSCOM (officer detailer or PERS-83) with an information copy sent to the member's CO, upon hospitalization of an officer who is

(1) executing PCS or temporary additional duty (TEMADD) orders, whether in a leave travel, proceed time, or awaiting transportation status, or while en route to or returning from a TEMADD station, or

(2) en route to a first duty station under PCS orders to duty in excess of 30 days (in the case of a Naval Reserve officer).

b. submit a follow-up progress report to NAVPERSCOM (officer detailer or PERS-83), with an information copy to the member's command, in the event

(1) the diagnosis, prognosis, or length of hospitalization vary from that initially reported to CHNAVPERS, or

(2) an officer is on the sick list continuously for 6 months, regardless of any change of station which may have occurred. Progress reports shall continue to be submitted at the expiration of each 6-month period until the officer is reported available for assignment under this article.

4. Officer Hospitalization Report

a. RCS BUPERS 1301-13 consists of an initial notification and follow-up report, as required. **The initial notification shall include the following:**

Subj: OFFICER HOSPITALIZATION REPORT (REPORT CONTROL SYMBOL
BUPERS 1301-13)

1. Grade, full name, SSN/designator.
2. Duty assignment within the PDS or other status at time of hospitalization.
3. CHNAVPERS Order Number, date, and type of order, if the officer is in receipt of PCS orders.
4. Complete name and location of hospital or medical facility at which the officer is hospitalized and date transferred to or received by that activity.
5. Nature of illness or injury. Report by diagnosis code as listed in the International Classification of Diseases, Adapted, if available; otherwise, use non-medical phraseology and in general terms describe the reason for treatment. If, in some instances (such as mental ailment or emotional instability, or for some other reason), the report includes information requiring protection because of statutory requirements or because it is in the public interest, the report shall be marked "For Official Use Only" per SECNAVINST 5720.42E. Should the report include information which requires protection in the interest of national defense, it shall be classified per OPNAVINST 5510.1H.
6. Source for determining the prognosis and estimated length of treatment, i.e., based on information obtained from the hospital or medical facility, or based on a local medical officer's opinion.
7. An estimate of the probable duration of treatment which should be based on a medical officer's opinion, if possible.
8. Commanding officers losing the services of an officer shall include a definite recommendation regarding detachment of the officer from the permanent ship or station. The recommendation shall include a statement that the officer's duties can or cannot be temporarily assigned to or assumed by other available personnel, and, if not, a brief statement that a relief is required by a specific date.

b. A follow-up progress report shall include the following:

Subj: OFFICER HOSPITALIZATION PROGRESS REPORT (REPORT CONTROL SYMBOL BUPERS 1301-13)

1. Grade, full name, SSN/designator.
2. Diagnosis, prognosis, expected length of hospitalization.
3. Any modification of information submitted in the initial notification.
4. Information not available at the time of initial notification.

5. **Detachment.** After receipt of all pertinent information and when deemed appropriate by CHNAVPERS, PCS orders will be issued by NAVPERSCOM (officer detailee or PERS-83) detaching the officer from the PDS and directing the member to continue treatment. Upon receipt of detachment orders, commands shall make appropriate personnel diary entries according to instructions for the Manpower Personnel and Training Information System (MAPTIS).

6. **Temporary Additional Duty (TEMADD) Orders**

a. TEMADD orders issued under this article shall be issued to the officer for round-trip travel to the nearest Armed Forces hospital or medical facility. Generally, all TEMADD orders should include accounting data (whether any travel is required). Cost of travel performed under such orders shall be chargeable to the TEMADD funds allocated to the activity to which the officer is permanently attached.

b. Request for accounting data from the type commander should be submitted when it is known, or a possibility exists, that travel cost to the government will be involved and/or treatment is not urgent and the command is not in receipt of appropriate funds.

c. Such requests shall

(1) identify the member (grade, full name, SSN/designator).

(2) identify the medical facility concerned.

(3) state the effective date and estimated duration of the treatment.

(4) state the medical diagnosis.

d. The command, which issued TEMADD orders for treatment, shall be informed of any order modification which might effect unanticipated additional charges to the appropriation date cited. No per diem is allowed while an officer is under treatment as a bed-patient or an inpatient in a hospital.

e. All TEMADD orders shall contain the following paragraph:

"Upon discharge from treatment, if found fit for full duty (if on sea duty) or, fit for full duty or limited duty (if on shore duty), and unless otherwise indicated or directed by Chief of Naval Personnel, you will return to this command and resume your regular duties."

7. **TEMADD Orders Without Accounting Data.** In emergency cases where it is impractical to request appropriate accounting data to be included in the TEMADD orders for treatment at the nearest Armed Forces hospital or medical facility from the type commander due to the urgency of the situation, COs shall issue TEMADD orders without accounting data for treatment to officers under their command. Upon receipt of accounting data, appropriate modification shall be issued promptly.

8. **TEMADD Orders for Evacuation**

a. When an officer with family members or household goods is to be evacuated to one of the 48 contiguous United States or the District of Columbia for treatment or further treatment, except under OPNAVINST 5350.4B, a report shall be made as soon as practical to NAVPERSCOM. (officer detailee or PERS-83) requesting PCS orders.

b. Such request shall

(1) identify the member (grade, full name, SSN/designator).

(2) furnish the Armed Services Medical Regulating Office (ASMRO) cite number.

(3) state the medical facility being evacuated to, and the date of evacuation.

c. Overseas Naval medical facilities may issue TEMADD orders for evacuation (not to include detachment from PDS) for officer patients without family members or household goods to one of the 48 contiguous United States or the District of Columbia (D.C.) for further treatment. Evacuation of patients to one of the 48 contiguous United States or D.C. shall be effected under the evacuation policy for the overseas area concerned.

d. All patients evacuated from overseas shall be integrated into the Aeromedical Evacuation System and reported to the ASMRO. The TEMADD orders for evacuation shall direct to proceed to one of the 48 contiguous United States or D.C. to report to the CO of the medical debarkation facility (surface or air) serving the port of entry for further transfer to such armed services hospital or medical facility as ASMRO may designate. Travel under TEMADD orders for evacuation is chargeable to the activity's appropriation which provides TEMADD travel funds to the officer's PDS.

9. **Copy of TEMADD Orders.** One copy of the TEMADD orders for treatment or field evacuation shall be forwarded to NAVPERSCOM (officer detailer or PERS-83) upon completion of the round-trip or upon arrival at a final medical facility.

10. **Upon Completion of Treatment: Officers Who Have Not Been Detached From Their PDS**

a. Upon completion of treatment, an officer who has not been detached from their PDS aboard a ship or other afloat activity and who is found physically fit for limited duty only, or whose ship or afloat activity is deployed, shall be assigned by the medical facility to either

(1) TEMADD in a local ship or afloat shore activity, provided the officer's services can be utilized profitably, and such ship or afloat activity is expected to remain in the immediate vicinity until instructions or PCS orders can be issued by CHNAVPERS; or

(2) TEMADD at the nearest local activity where the officer's services can be utilized.

b. The medical facility shall modify the original TEMADD orders for treatment to direct the further TEMADD assignment. The medical facility shall promptly notify the TEMADD order issuing command and NAVPERSCOM (officer detailer or PERS-83) of the location of the further TEMADD assignment.

11. Upon Completion of Treatment: Officers Previously Detached From Their PDS

a. Upon completion of treatment, an officer previously detached from their PDS under orders from CHNAVPERS shall be assigned by the medical facility to either

(1) TEMDU at a local ship or afloat activity, provided the officer's services can be utilized profitably and such ship or afloat activity is expected to remain in the immediate vicinity until instruction or PCS orders can be issued by CHNAVPERS, or

(2) TEMDU at the nearest activity where the officer's services can be utilized.

b. The medical facility shall endorse the PCS orders issued by CHNAVPERS detaching the officer from their last PDS to direct the further TEMDU assignment. A copy of such endorsement shall be promptly forwarded to NAVPERSCOM (officer detailer or PERS-83) for use in connection with accounting control.

12. Upon Completion of Treatment: Officers Who Are Available for Assignment. Upon completion of treatment, officers in the following categories shall be reported to NAVPERSCOM (officer detailer or PERS-83) as available for assignment:

a. Officers detached from their PDS under orders from CHNAVPERS.

b. Officers whose ships or afloat activities are deployed.

c. Officers found physically fit for limited duty only and not previously detached from the PDS aboard their ships or other afloat activities.

13. Officer Availability Report

a. The report of an officer available for assignment is assigned reference (e). This report shall be submitted by the CO of the hospital or medical facility if the officer is an inpatient, or by the local CO having temporary cognizance (TEMADD or TEMDU) over the officer.

b. The officer shall submit in proper letter or message format the following:

Subj: OFFICER AVAILABILITY REPORT (REPORT CONTROL SYMBOL
BUPERS 1302-5)

(Upon completion of full duty status, officers shall be reported to NAVPERSCOM (officer detailer or PERS-83) as available for assignment.)

1. Grade, full name, SSN/Designator.
2. A specific statement that the medical board report is being submitted.
3. A statement concerning physical fitness for full duty.
4. The disposition of the officer and number of days leave desired.
5. The results of a flight physical examination, if the officer is a naval aviator, indicating physical and psychological fitness for duty involving actual control of aircraft, and a recommendation for assignment to a service group.

MILPERSMAN 1301-225

OFFICER SPECIAL ASSIGNMENTS - LIMITED DUTY (LIMDU)

Responsible Office	NAVPERSCOM (PERS-83)	Phone:	DSN	882-3229
			COM	(901) 874-3229
			FAX	882-2622

References	(a) NAVMED P-117, Manual of the Medical Department (MANMED) (b) EPMACINST 5000.3D (Transient Personnel Administration (TPA) Users' Manual) (c) SECNAVINST 1850.4E
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1. **Policy.** The assignment of officers approved for limited duty (LIMDU) is based on the recommendations of a medical board convened per reference (a).

a. Officers in this category are normally assigned to duty ashore by the assignment detailer, Navy Personnel Command (NAVPERSCOM). These assignments will be made in close proximity to a Navy medical facility where an officer is to receive follow-up care and reevaluation. These officers are disqualified for assignment to duty afloat or duty involving flying. Other specific duty assignment limitations/restrictions will be indicated in the approved medical board, or in the recommendation of Chief, Bureau of Medicine and Surgery (BUMED).

b. Thirty days prior to expiration of the specified period of LIMDU, the officer is reevaluated and is recommended for an additional period of LIMDU, restored to full duty, or referred for review by the Physical Evaluation Board (PEB).

c. All periods of LIMDU recommended by a medical treatment facility (MTF) for officer personnel must be approved by NAVPERSCOM, Disability, Retirement, and LIMDU Section (PERS-83) prior to assignment detailer issuing orders. Per reference (a), a completed medical board forwarded for departmental review is required in these cases.

2. **Definition.** "Limited duty" is defined as a temporary assignment ashore based on the recommendations of a medical board.

3. **Procedures.** Medical boards normally recommend LIMDU status for a period of 6 months and require reexamination 30 days prior

to LIMDU expiration. When approved, officers will be assigned to duty compatible with the physical limitations dictated in the medical board. All medical boards recommending LIMDU for officers will be forwarded to NAVPERSCOM (PERS-83) for determination. Upon official notification of NAVPERSCOM (PERS-83) LIMDU authorization message, the member's assignment officer will issue the appropriate orders as follows:

a. **Member will remain at current shore duty station.** No permanent change of station (PCS) orders required. Upon receipt of the LIMDU authorization message by the servicing Personnel Support Activity (PERSUPPACT)/Personnel Support Activity Detachment (PERSUPP DET), the appropriate Navy Standard Integrated Personnel System (NSIPS) action will be performed to change the officer's accounting category code (ACC) from 100 to 105. The projected rotation date (PRD) will only be adjusted for those assigned to a normal shore tour if LIMDU expiration date exceeds the PRD.

b. **Member will be detached from current duty station.** PCS orders will be issued by the assignment officer detaching the member from present duty station (ACC: 100 in most cases) and direct member to report to a new duty station ashore in a LIMDU status (ACC: 105). The member may be assigned against a valid billet, if available. Otherwise, assignment will be made to a 99990 billet sequence code (BSC). Normal Officer Assignment Information System Version 2 (OAIS2) PCS order writing procedures may be followed. The officer's PRD will be the month/year the approved LIMDU period is to expire as indicated by NAVPERSCOM (PERS-83).

c. **Tracking System for LIMDU Officers.** When an officer is assigned to a LIMDU status, the servicing PERSUPP DET/personnel office of the member will establish a tracking system for the officer. Tracking systems and status update reports required from PERSUPP DETs/personnel offices are the same for officer and enlisted personnel, and are described in detail in reference (b).

d. **LIMDU Reevaluation.** Thirty days prior to the expiration of the LIMDU period, the officer will be reevaluated as specified by reference (a). Each component of the LIMDU reevaluation system (the officer, the officer's command/cognizant PERSUPP DET and the cognizant medical facility) should assist in ensuring that the medical reevaluation is promptly completed and that the required reports are quickly processed.

(1) When the local medical board recommends the officer not be retained on active duty, the case shall be referred to the PEB for a fitness determination.

(2) When officers retained on active duty in less than a full duty status become unable to perform their duties properly because of a physical disability, they will be referred to a Navy hospital in continental United States (CONUS) for evaluation, treatment if indicated, and appropriate disposition.

e. When an officer is reevaluated and either returned to duty or separated, an Officer Availability Report is submitted by the servicing PERSUPP DET/personnel office to make an officer available for reassignment or separation per MILPERSMAN 1301-010. Appropriate orders will be issued by the officer's assignment officer (reassignment) or NAVPERSCOM, Career Progression Division (PERS-48) (separation).

f. If the officer is recommended for additional periods of LIMDU by the MTF, the case is forwarded to NAVPERSCOM (PERS-83) for another departmental review. Upon officer notification, the member's PRD will be adjusted by the member's Detailer/Assignments Officer.

4. **Permanent Limited Duty (PLD)**. An officer declared unfit for continued Naval Service by the PEB may apply for retention on active duty in a PLD status per reference (c). Officers retained in a PLD status will be placed in a LIMDU status in ACC 105 and their PRDs will be adjusted to the approved PLD date. The officer will remain in a LIMDU status until separated/retired from active duty.

MILPERSMAN 1306-1200

LIMITED DUTY (LIMDU)

Responsible Office	EPMAC DET TMU	DSN	678-1602
		COM	(504) 678-1602
		FAX	678-5126

References	(a) SECNAVINST 1850.4E (b) BUMEDINST 1300.2 (c) EPMACINST 5000.3E (d) NAVMED P-117, Manual of the Medical Department (e) Uniform Code of Military Justice (UCMJ)
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1. **Purpose.** This article and the sub articles listed below standardize procedures for the assignment, accountability, follow-up care, and disposition of enlisted personnel to or from a limited duty (LIMDU) status for medical reasons.

Topic	See MILPERSMAN
Limited Duty (LIMDU) Availability Procedures and Assignment Policy	1306-1202
Accountability of Personnel on Limited Duty (LIMDU)	1306-1204
Limited Duty (LIMDU) Follow-up Care	1306-1206
Disposition and Accounting of Personnel upon Completion of Limited Duty (LIMDU)	1306-1208
Nuclear Trained and Submarine Personnel on Limited Duty (LIMDU)	1306-1210

2. **Definitions**

a. **Light Duty.** Presumes frequent provider/patient interaction to determine whether return to full duty status or more intensive therapeutic intervention is appropriate in any given case; therefore, light duty will be ordered in periods not to exceed 30 days to ensure appropriate patient clinical oversight. Consecutive light duty for any "new condition" up to

90 days may be ordered by the provider (in maximum 30-day periods), **but in no case will light duty exceed 90 consecutive days, inclusive of any convalescent leave periods.**

b. **Limited Duty (LIMDU).** The assignment of a member in a duty status for a specified time, following a medical board action, with certain medical limitations/restrictions concerning the duties the member may perform. LIMDU is divided into two separate categories as follows:

(1) **Temporary Limited Duty (TLD).** A member is assigned in a TLD status when a medical officer expects the member to be able to return to duty (RTD) in a reasonable period of time. TLD is authorized locally, in increments of 6 months with a 12-month maximum, by the convening authority (CA) responsible for the military treatment facility (MTF) initiating TLD. Navy Personnel Command (NAVPERSCOM), Disability Retirement/Limited Duty Branch (PERS-4821) will perform a departmental review of all cases that require additional TLD in excess of 12 months. The maximum total TLD authorized is 12 months unless otherwise approved by NAVPERSCOM (PERS-4821).

(2) **Permanent Limited Duty (PLD) (L5).** Assignment authorized by NAVPERSCOM (PERS-4821) to be in a PLD status to complete 20 years active service day-for-day, or remain on active duty until a specific date. Only members who have been found "unfit for continued Naval Service" by the Physical Evaluation Board (PEB) may request PLD per reference (a). Members approved for PLD will be placed in a FOR DUTY LIMDU (ACC 105) status with a projected rotation date (PRD) that corresponds with the approved PLD date. Once placed in a PLD status, the member may remain at the current command or be assigned to a valid billet per manning control authority (MCA) priorities based on needs of the Navy. Assignment will be made to an area where the required medical care is available and shall remain in that area for the remainder of the member's Naval Service.

c. **LIMDU Coordinator.** Every command, Personnel Support Activity Detachment (PERSUPP DET) or personnel office, and MTF servicing a LIMDU population is required to appoint, in writing, a single point of contact (POC) to act as the command LIMDU coordinator. Close liaison between parent command, PERSUPP DET, and medical LIMDU coordinators is critical to ensure accurate accounting, tracking, medical treatment, and expeditious

movement of LIMDU personnel through the transient pipeline. LIMDU coordinators shall not be in a TLD status.

d. **Assignment Screening.** Short and concise medical screening to specifically review a member's medical condition and determine if a member is worldwide assignable (WWA).

e. **Operational Screening (Sea Duty Screening).** After a LIMDU member is able to RTD, completes assignment screening, and is in receipt of PCS orders to an operational command (Type Duty Code "2" or "4"), member must complete an operational screening per reference (b), and MILPERSMAN 1300-800.

f. **Abbreviated Medical Evaluation Board Report (AMEBR).** A brief summary of the member's medical condition, limitations, and expected RTD date used to place a member on TLD.

g. **Dictated Medical Evaluation Board Report (MEBR).** As opposed to the AMEBR, this detailed summary of the member's medical condition(s) is dictated by the attending physician and is used to request additional LIMDU in excess of 12 months or for a referral to the PEB.

h. **Return to Duty (RTD).** At any time during a period of LIMDU, upon determination that the member's medical condition has been resolved, the member may be returned to duty (RTD) from the TLD status by the cognizant MTF.

3. **Command Responsibilities.** All commands will do the following:

a. Designate, in writing, a LIMDU coordinator to track and monitor personnel assigned TLD, and maintain close liaison with LIMDU coordinators at PERSUPP DET and the MTF. Personnel currently on TLD shall not be assigned as LIMDU coordinators.

b. Comply with all requirements regarding the management of LIMDU personnel outlined in this manual, reference (c), and all associated relevant instructions.

c. Ensure LIMDU personnel physically report to the PERSUPP DET, or their personnel office/PASS liaison representative if the servicing PERSUPP DET is located outside the geographical area.

d. For personnel under orders who are subsequently placed on LIMDU, submit naval messages to Assignment Control Authority (ACA) (Info COMNAVPERSCOM (PERS-4821)) requesting order cancellation.

e. Ensure LIMDU personnel report for all scheduled appointments and remain available for all follow-up care. LIMDU personnel will not be reassigned TAD outside the geographic area of the primary care provider. Coordinate the scheduling of appointments with LIMDU personnel and cognizant MTF per MILPERSMAN 1306-1206. Providers can return members from a TLD status at any time during a period of TLD. Ensure regular leave (other than emergency leave) does not conflict with any scheduled medical appointments.

f. Notify PERSUPP DET within 24 hours of any change in a member's TLD status.

g. Ensure a case file is created and maintained for each member on TLD. The case file will contain:

- PEB findings
- PEB Medical Board Cover Sheet
- NAVPERSCOM (PERS-4821) message recommending forward case to PEB, or approving/denying additional TLD
- Copy of NAVPERS 1070/613 (Rev. 10-81), Administrative Remarks
- Initial Medical Board Cover Sheet

h. At the commencement of a LIMDU period, the member will be counseled on the responsibility to report to all scheduled appointments and that failure to report to scheduled appointments may constitute a violation of UCMJ, article 86 (failure to go to appointed place of duty) and article 92 (failure to obey a lawful order), and that immediate disciplinary action may be warranted. This counseling will be annotated by a NAVPERS 1070/613 entry. Exhibit 1 refers.

i. Investigate instances where members fail to report for scheduled appointments and initiate disciplinary action where appropriate.

j. Ensure completion of assignment screening within 15 days for LIMDU personnel able to RTD who were ordered in as ACC 105,

or were placed on LIMDU while serving on shore duty and are within 9 months of their PRD. Forward completed assignment screening to PERSUPP DET within 24 hours of completion.

k. Submit naval message to NAVPERSCOM (PERS-40BB), Bureau of Medicine and Surgery (BUMED) (M3F/M3M), and the ACA (Info COMNAVPERSCOM (PERS-4821); PERSUPP DET; and Enlisted Placement Management Center Detachment, Transient Monitoring Unit (EPMAC DET TMU)) for all personnel who were able to RTD during the assignment screening, but are assignment limited per MILPERSMAN 1300-801. This assignment limited message (MILPERSMAN 1300-801, Exhibit 1) must be submitted no later than 15 days after the assignment screening. No message is required for personnel who are able to RTD during the assignment screening and are WWA.

l. For geographically separated units, contact should be via teleconference or video teleconference if physical travel to LIMDU coordinators meetings is not feasible.

m. Submit assignment limited tracer message, if results are not received from NAVPERSCOM (PERS-40BB) within 30 days from the date of the original message. MILPERSMAN 1306-1208, Exhibit 3 refers.

4. **PERSUPP DET/Personnel Office Responsibilities.** The servicing PERSUPP DET or personnel office shall do the following:

a. Designate, in writing, a LIMDU coordinator to track and monitor personnel assigned to LIMDU. LIMDU coordinators shall not be in a TLD status.

b. Comply with all requirements regarding the management of LIMDU personnel outlined in this manual, reference (c), and all associated relevant instructions.

c. Make appropriate Navy Standard Integrated Personnel System (NSIPS) entries for all personnel gained in or changed to LIMDU ACC 105.

d. Print out a new LIMDU ADHOC report every Monday, annotate updates and changes onto this report throughout the week as they occur, and input appropriate changes into NSIPS Transient Tracking Panels by the end of each week.

e. Maintain close liaison with parent command LIMDU coordinators and MTF LIMDU coordinators.

f. Request copy of initial AMEBR/MEBR, Departmental Review Cover Sheet, or PEB Cover Sheet. MILPERSMAN 1306-1202, Exhibit 1 refers.

g. Submit a Monthly Status Update of LIMDU Personnel message no later than the 10th of each month (negative reports are required). MILPERSMAN 1306-1204, Exhibits 1 and 2 refer.

h. Submit assignment screening tracer message, if results not received from parent command within 15 days from the date a member is able to RTD. MILPERSMAN 1306-1206, Exhibit 1, Weekly Request for LIMDU or Assignment Screening Status, refers.

i. Submit YJ availability and associated tracer actions upon completion of assignment screening, regardless of results. This availability will include one of the following remarks:

(1) WORLD WIDE ASSIGNABLE.

(2) ASSIGNMENT LIMITED. (Requires NAVPERSCOM (PERS-40BB) direction.)

j. Verify PRDs for all personnel on LIMDU and submit PRD correction request via the Monthly Status Update of LIMDU Personnel message for those personnel with incorrect PRD's. MILPERSMAN 1306-1204, Exhibit 1 refers.

(1) Request PRD adjustments if PRD does not equal LIMDU PRD for those personnel ordered in as ACC 105.

(2) Request PRD adjustments for those personnel placed on LIMDU while attached to shore as ACC 105 whose current PRD is less than their LIMDU PRD.

(3) Request PRD adjustments for those personnel approved for, but not adjusted by NAVPERSCOM (PERS-4821), for additional LIMDU greater than the second locally approved 6-month period.

k. For personnel assigned to shore duty, change ACC to 105, and track the status of personnel awaiting final disposition by PEB.

l. Track the status of personnel awaiting final disposition of departmental review.

m. Ensure a case file is created and maintained for each member on TLD. The case file will be maintained in chronological order as follows:

Top to bottom:

- PEB findings
- PEB Medical Board Cover Sheet
- NAVPERSCOM (PERS-4821) message recommending forward case to PEB, or approving/denying additional TLD
- Initial Medical Board Cover Sheet
- NAVPERS 1070/613
- NSIPS panel reflecting date of TLD (effective date)

n. Attend a monthly LIMDU meeting with the MTF and commands with LIMDU personnel assigned. Provide a current copy of the latest LIMDU ADHOC report for review and discussion to each LIMDU coordinator at the meeting.

o. The LIMDU coordinator is responsible for generating the following messages:

(1) **Monthly Status Update of LIMDU Personnel**, MILPERSMAN 1306-1204, Exhibit 1. Due on the 10th of each month.

(2) **Request Copy of AMEBR/MEBR, Departmental Review Cover Sheet, OR PEB Cover Sheet**, MILPERSMAN 1306-1202, Exhibit 1. Due weekly, as required.

(3) **Weekly Request for LIMDU or Assignment Screening Status**, MILPERSMAN 1306-1206, Exhibit 1. Due weekly, as required.

5. **Naval MTF Responsibilities**. The MTF shall do the following:

a. Designate, in writing, a LIMDU coordinator per reference (d), chapter 18.

b. Support all requirements regarding the management of LIMDU personnel outlined in this manual, reference (c), and all associated relevant instructions.

6. **Member Responsibilities.** Members assigned to TLD will do the following:

a. At the commencement of a LIMDU period, the member will be required to sign a NAVPERS 1070/613 acknowledging the responsibility to report to all scheduled appointments, and that failure to report to scheduled appointments may constitute a violation of the UCMJ, article 86 (failure to go to appointed place of duty) and article 92 (failure to obey a lawful order). Additionally, member will acknowledge that missing scheduled appointments may result in disciplinary action.

b. Ensure a medical TLD appointment is attended no later than 30 days prior to the expiration of the LIMDU period. Report to the medical board section of the MTF Patient Administration Office at least 30 minutes prior to the appointment with all appropriate medical records.

c. Advise Patient Administration Office immediately upon being recommended for placement on extension of, or removal from LIMDU.

d. Ensure leave (other than emergency) is coordinated with LIMDU coordinator and does not conflict or coincide with medical appointments.

7. **Forms**

a. NAVMED 6100/1 (Rev. 9-04), Medical Board Report Cover Sheet. A medical administrative document that reports on the present state of health of a member and provides a considered clinical opinion regarding a member's physical fitness for duty.

b. NAVMED 6100/5 (Rev. 9-04), Abbreviated Limited Duty Medical Board Report. An abbreviated report is used to assign members to TLD who have an uncomplicated injury/illness. NAVMED 6100/5 will be utilized for **first and second 6-month periods** of LIMDU, departmental review processing, and PEB processing.

EXHIBIT 1

LIMITED DUTY

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

DATE: _____

_____ I UNDERSTAND THAT I AM ASSIGNED TO THIS COMMAND IN A LIMITED DUTY STATUS, AND THAT MY INITIAL LIMITED DUTY PRD IS _____.

_____ I AM AWARE AND UNDERSTAND THAT THE FOLLOWING PERSONNEL ARE ASSIGNED AS MY LIMITED DUTY COORDINATORS:

_____ COMMAND LIMITED DUTY COORDINATOR

_____ PERSUPP DET LIMITED DUTY COORDINATOR

_____ MTF LIMITED DUTY COORDINATOR

_____ I CERTIFY THAT I HAVE BEEN BRIEFED AND UNDERSTAND THE RESPONSIBILITIES PERTAINING TO MY LIMITED DUTY ASSIGNMENT AS FOLLOWS:

A. BE PERSONALLY RESPONSIBLE IN ADHERING TO MEDICAL ADVICE AND PROMOTE REHABILITATION DURING THE LIMDU PERIOD.

B. STRICTLY COMPLY WITH THE PROCEDURES DIRECTED BY THE PERSUPP DET OR PERSONNEL OFFICE AND THE MTF FOR FOLLOW-UP PROCESSING.

C. COORDINATE WITH THE MTF AND REPORT FOR FOLLOW-UP CARE AS SCHEDULED. RESCHEDULING OF MEDICAL APPOINTMENTS FOR PERSONAL CONVENIENCE IS STRICTLY PROHIBITED.

D. ENSURE A MEDICAL APPOINTMENT IS SCHEDULED AND ATTENDED NO LATER THAN 30 DAYS PRIOR TO THE EXPIRATION OF LIMDU PRD. REPORT TO THE MEDICAL BOARD SECTION OF THE MTF'S PATIENT ADMINISTRATION OFFICE AT LEAST 30 MINUTES PRIOR TO THE APPOINTMENT, WITH ALL APPROPRIATE MEDICAL RECORDS. AT THE TIME OF THE APPOINTMENT, REQUEST ATTENDING PHYSICIAN MAKE A DETERMINATION OF LIMITED DUTY STATUS.

E. WITHIN 24 HOURS, ADVISE THE MTF'S PATIENT ADMINISTRATION OFFICE, PARENT COMMAND, AND PERSUPP DET LIMDU COORDINATOR OF ANY CHANGE IN LIMDU STATUS.

_____ I FURTHER UNDERSTAND THAT I MUST SCHEDULE ALL FOLLOW-UP APPOINTMENTS WITH THE MTF. THE CENTRAL APPOINTMENT PHONE NUMBER IS: _____. FAILURE TO REPORT FOR AN APPOINTMENT MAY RESULT IN DISCIPLINARY ACTION.

_____ I UNDERSTAND THAT I MAY BE FOUND ABLE TO RETURN TO DUTY AT ANY TIME DURING MY PERIOD OF LIMDU. I ACKNOWLEDGE THAT I MUST REPORT TO PERSUPP DET WITHIN 24 HOURS OF ANY CHANGE IN MY LIMDU STATUS. ADDITIONALLY, I HAVE BEEN ADVISED THAT I MUST COMPLETE AN ASSIGNMENT SCREENING WITHIN 15 DAYS OF BEING ABLE TO RETURN TO DUTY.

WITNESSED: _____

MEMBER'S SIGNATURE

NAME (LAST, FIRST MI)	SSN	BRANCH/CLASS
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EXHIBIT 1

LIMITED DUTY

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

I UNDERSTAND THAT A DETERMINATION OF "ASSIGNMENT LIMITED" DURING THE ASSIGNMENT SCREENING PROCESS, FOLLOWING A FINDING OF BEING ABLE TO RETURN TO DUTY, MAY ULTIMATELY LEAD TO A NAVY PERSONNEL COMMAND (NAVPERSCOM) DIRECTION OF SEPARATION FROM ACTIVE DUTY.

I UNDERSTAND THAT I AM REQUIRED TO HAND-CARRY ALL LEAVE REQUESTS TO THE COMMAND LIMITED DUTY COORDINATOR FOR SIGNATURE.

MY EAOS IS _____. IF IT EXPIRES PRIOR TO COMPLETION OF MY LIMITED DUTY, I WILL REPORT TO THE PERSUPP DET LIMITED DUTY COORDINATOR 30 DAYS PRIOR TO EXPIRATION OF EAOS FOR CORRECTIVE ACTION, AND SUBMIT I.D. CARD APPLICATIONS FOR MYSELF AND MY FAMILY MEMBERS. FAILURE TO COMPLY MAY RESULT IN A SUSPENSION OF PAY AND ALLOWANCES.

I UNDERSTAND THAT I MUST PROVIDE MY PERSUPP DET LIMITED DUTY COORDINATOR, WITHIN 24 HOURS, ALL CHANGES IN MY LIMITED DUTY STATUS, WORKING LOCATION, WORK PHONE, OR HOME PHONE.

PER MILPERSMAN 1306-1200 AND NAVMED 6100/5, ABBREVIATED LIMITED DUTY MEDICAL BOARD REPORT, I SHOULD NOT PARTICIPATE IN ANY PHYSICAL ACTIVITY THAT COULD FURTHER AGGRAVATE THE INJURY FOR WHICH I AM CURRENTLY ON LIMITED DUTY. WHILE ON LIMITED DUTY, IF I DESIRE TO PARTICIPATE IN LIMITED PHYSICAL EXERCISE/SPORTS, WRITTEN CONSENT FROM MY ATTENDING PHYSICIAN IS REQUIRED. INJURIES THAT ARE SUSTAINED WITHOUT WRITTEN PERMISSION MAY RESULT IN DISCIPLINARY ACTION.

MEMBER'S SIGNATURE

WITNESSED: _____

NAME (LAST, FIRST MI)	SSN	BRANCH/CLASS
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MILPERSMAN 1306-1202

LIMITED DUTY (LIMDU) AVAILABILITY PROCEDURES AND ASSIGNMENT POLICY

Responsible Office	NAVPERSCOM (PERS-4013D1L)	Phone:	DSN COM FAX	882-4358 (901)874-4358 882-2066
	NAVPERSCOM (PERS-4013D1)	Phone:	DSN COM FAX	882-4302 (901) 874-4302 882-2066
	NAVPERSCOM (PERS-83)	Phone:	DSN COM FAX	882-3229 (901) 874-3229 882-2622

References	(a) NAVPERS 130000A (Transient Personnel Administration Manual)
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1. **Policy.** The military treatment facility (MTF) shall immediately advise the member's parent command and servicing Personnel Support Detachment (PERSUPP DET) or personnel office upon determination that a member is to be processed for limited duty (LIMDU). The MTF will provide a copy of the signed medical evaluation board report to the member's servicing PERSUPP DET or personnel office within 24 hours following convening authority (CA) approval.

2. **Action Procedures upon Notification of Medical Board**

Processing. Upon receiving information that a member is being processed for medical board action, the PERSUPP DET or personnel office will review the member's status and take the following action:

a. At the direction of the MTF, personnel assigned to sea duty (Type Duty Code "2" or "4") shall be transferred via a Standard Transfer Order (STO) (account category code (ACC) 355 TEMDU AWAITING RESULTS OF MEDICAL BOARD, or ACC 320 TEMDU FOR FURTHER ASSIGNMENT) to the nearest Patient/TPU/Others account as specified by the MTF. See MILPERMAN 1320-302 for standard transfer order (STO) preparation. **NOTE:** ACC changes from 1XX to 355 occur after the member reports to the nearest Patient/TPU/Others account.

b. All personnel in Type Duty Codes "1", "3", or "6", assigned FOR DUTY (ACC 100), shall be retained on board pending

completion of medical board processing. The ACC will not be changed to TEMDU (ACC 3XX).

c. Personnel assigned to an MTF for treatment (TEMDU UNTREAT)(ACC 37X) shall be tracked and accounted for per MILPERSMAN 1306-1600 and reference (a).

3. **Action Procedures upon Receipt of a Completed Medical Evaluation Board Report.** Upon receiving the signed medical board report, either Abbreviated Medical Evaluation Board Report (AMEBR) or dictated Medical Evaluation Board Report (MEBR), the PERSUPP DET or personnel office will take the following action:

a. **Patient Account.** Personnel assigned to a patient account shall be transferred to the nearest TPU/Others activity provided the provisions of MILPERSMAN 1306-1600 apply.

NOTE: Only those personnel in a temporary duty (TEMDU) status and/or personnel transferred TEMDU to the TPU/Others account awaiting an AMEBR or MEBR will be accounted for in ACC 355.

b. **Physical Evaluation Board (PEB).** If a PEB is being initiated on a member, as specified by the MTF, comply with the following:

(1) Personnel assigned to sea duty (Type Duty Code "2" or "4"), shall be transferred via a STO to the nearest Patient/TPU/Others activity, as specified by the MTF, in ACC 355, TEMDU AWAITING RESULTS OF MEDICAL BOARD.

(2) Personnel assigned to shore duty (Type Duty Code "1") shall be accounted for in ACC 105, and not transferred unless the required medical care is not available in close proximity to their current duty station, in which case submit an immediate availability report.

(3) Personnel with Navy Personnel Command (NAVPERSCOM), Disability/Retirement/LIMDU Section (PERS-83) permanent LIMDU authority shall be retained onboard the assigned shore command in ACC 105, and be assigned the LIMDU designator L5.

c. **Period of LIMDU.** If a signed AMEBR for a first period of temporary limited duty (TLD) for 6 months is completed, comply with the following:

(1) Personnel assigned from sea duty (Type Duty Code "2" or "4") to a TLD status shall be transferred via a STO to the

nearest Patient/TPU/Others activity as specified by the MTF in ACC 320 TEMPORARY DUTY FOR FURTHER ASSIGNMENT.

(a) When not in receipt of member's LIMDU AMEBR, PSDs shall, upon receiving STO directing transfer of TLD personnel from sea duty to the nearest TPU/Others account, gain personnel in ACC 355. After gain entry is submitted, set up a LIMDU case file (MILPERSMAN 1306-1200 refers).

(b) Submit tracer action via **Request Copy of AMEBR/MEBR, Departmental Review Cover Sheet, or PEB Cover Sheet** (see Exhibit 1). The weekly status request message must be submitted to the MTF, with information copy to NAVPERSCOM (PERS-83/PERS-4013D1L) and Bureau of Medicine and Surgery (BUMED) (M3M1). Personnel are to remain on the weekly status request message until the AMEBR/MEBR is received by PERSUPP DET. Once received, change member's ACC to 320, and submit a YH avail via E-Mail to epmac avails@navy.mil. YH avail must comply with paragraph 3c(4).

(2) Personnel assigned TLD while on a normal shore tour shall be retained on board and ACC changed to 105 via Navy Standard Integrated Personnel System (NSIPS). Incorporate the member in the NSIPS Transient Tracking Panel and local tracking files. Comply with reference (a) regarding maintenance of the LIMDU report.

(a) If the member's existing projected rotation date (PRD) expires before the period of TLD, request a PRD adjustment via **Monthly Status Update of LIMDU Personnel** message. MILPERSMAN 1306-1204, Exhibit 1 refers. Monitor the Enlisted Distribution and Verification Report (EDVR) to ensure the PRD is correctly reflected.

(b) Do not submit an availability for enlisted members assigned to shore duty (Type Duty Code "1") for TLD, unless the required medical care is not available in close proximity to their current duty station, in which case submit an immediate YH availability report. YH avails must comply with paragraph 3c(4).

(3) Submit a message report for personnel assigned to overseas duty (Type Duty Code "3" or "6") to the appropriate assignment control authority (ACA). Info NAVPERSCOM, (PERS-83), advising the availability of the required medical care at the overseas activity, with comment on the member's abilities to be effectively used on board with current condition during the period of TLD.

(a) If the required medical care is available and the member's condition does not prevent member from being used productively on board during the period of TLD, comply with procedures identified for personnel assigned to shore duty (Type Duty Code "1").

(b) If required medical care is not available or member's current condition prevents effective use on board during the period of TLD, PERSUPP DET will submit a YH availability report.

(4) YH avails submitted via E-Mail must contain the following:

(a) The date the initial AMEBR/MEBR was completed.

(b) The number of months of LIMDU specified in the initial AMEBR/MEBR.

(c) The LIMDU PRD, which is 6 months from the date the AMEBR/MEBR was signed.

(d) International Classification of Diseases (ICD) code of the individual's physical condition.

(e) Physical limitations and/or geographical limitations.

(f) Family member's location, if applicable.

(g) For overseas locations, include in remarks whether local treatment facilities can provide adequate medical care.

(5) If the signed medical board report recommends departmental review, track the results of NAVPERSCOM (PERS-83) determination utilizing the **Monthly Status Update of LIMDU Personnel** message per MILPERSMAN 1306-1204, Exhibit 1, and reference (a). Take appropriate action as directed by NAVPERSCOM (PERS-83) when departmental review notification message is received.

(6) If the medical board recommended referral to PEB, submit monthly status request for findings of the PEB to the MTF Physical Evaluation Board Liaison Officer (PEBLO) and NAVPERSCOM (PERS-83) using the Monthly Status Update of LIMDU Personnel message. If PERSUPP DET is receiving a PEB listing from the MTF,

and member in question is listed, the requirement for the PEB tracer action is waived. Upon receipt of findings, take appropriate action as directed.

4. **Assignment Policy.** NAVPERSCOM (PERS-4013D1L) is the central coordinator for the placement and assignment of LIMDU personnel. The function of this central coordination point is to equitably distribute LIMDU personnel throughout a geographical area. Upon receipt of each LIMDU availability, NAVPERSCOM (PERS-4013D1L) will review the placement and assignment options. A member assigned to LIMDU will be placed in a valid requisition provided by NAVPERSCOM based on the following guidelines:

a. TLD is authorized locally by the CA responsible for the MTF initiating LIMDU in increments of 6 months with a 12-month maximum. NAVPERSCOM (PERS-83) will perform a departmental review of all cases that require additional LIMDU in excess of 12 months. The maximum time a member may be assigned a TLD status is 12 months, before referral to the PEB is required, unless otherwise directed by NAVPERSCOM (PERS-83). Maximum total temporary LIMDU authorized is 12 months.

b. Prior to recommending assignments to the ACA, NAVPERSCOM will consider the number in a specific rating assigned in an activity, the readiness and mission capability impact on each activity assigned LIMDU personnel, and the equitable distribution of LIMDU personnel in a geographical area.

c. Members are assigned in close proximity to a MTF capable of providing the required care.

d. To satisfy permanent change of station (PCS) cost constraints as well as personnel requirements, other factors are considered in making assignments including the location of dependents, the member's past type duty, and the physical restrictions imposed by the medical board.

5. **Transfer to LIMDU.** Upon receipt of orders for transfer of personnel for LIMDU, the PERSUPP DET or personnel office will review the orders to ensure assignment has been directed per this article, within the restrictions set forth by the medical board, and is in close proximity to a MTF where the member may receive follow-up care. The parent command shall ensure that servicemember will not be assigned TAD outside the geographical area where member is receiving treatment.

a. Personnel assigned LIMDU per this article will be transferred immediately upon receipt of orders for assignment to LIMDU.

b. Should any factor(s) exist precluding assignment of the member to the duty station or geographical area specified in the transfer directive, the PERSUPP DET or personnel office will do the following:

(1) Immediately advise the ACA, NAVPERSCOM (PERS-83/PERS-4013C), the member's parent command, and the ultimate duty station by message.

(2) Hold the LIMDU assignment in abeyance pending further guidance.

c. LIMDU will not delay personnel pending mandatory separation or retirement. **Personnel pending a mandatory separation or retirement will not be delayed unless member is either hospitalized, or a medical board has been accepted by the PEB for disability processing prior to the mandatory release/retirement date.**

EXHIBIT 1

SAMPLE MESSAGE
REQUEST COPY OF AMEBR/MEBR,
DEPARTMENTAL REVIEW COVER SHEET, OR PEB COVER SHEET
(Use the proper message format containing the following.)

FM (PERSUPP DET/PARENT COMMAND IF NOT SERVICED BY
PERSUPP DET)
TO APPROPRIATE MTF//PAO//
INFO BUMED WASHINGTON DC//M3M31//
COMNAVPERSCOM MILLINGTON TN//PERS83/TMU//
COMNAVPERSCOM MILLINGTON TN//TMU//
UNCLAS//N06320//
MSGID/GENADMIN/(PERSUPP DET/PARENT COMMAND IF NOT SERVICED BY
PERSUPP DET)
SUBJ/ REQUEST COPY OF AMEBR/MEBR, DEPARTMENTAL REVIEW COVER
SHEET, OR PEB COVER SHEET
REF/A/DOC/MILPERSMAN 1306-1202X-//
REF/B/DOC/EPMACINST 5000.3E-//
NARR/REF A IS MILPERSMAN ARTICLE GOVERNING ASSIGNMENT OF LIMDU
PERSONNEL AND REF B IS TRANSIENT PERSONNEL ADMINISTRATION
MANUAL//
POC/A J SAILOR/PN1/DSN 222-2222/COMM 222-222-2222//
RMKS/1. PER REFS A AND B, REQ FWD COPY OF APPROPRIATE MEDBD
COVER SHEET AS LISTED BELOW:
A. FOL PERS HAVE HAD AN AMEBR/MEBR DICTATED:
NAME SSN UIC REQ #
SAILOR, I 000-00-0000 00001 1ST
JONES, D 000-00-0001 00002 3RD
B. FOL PERS HAVE BEEN REFERRED TO DEPT REVIEW:
NAME SSN UIC REQ #
SEAMAN, A 000-00-0002 00003 1ST
ABEL, B 000-00-0003 00004 2ND
C. FOL PERS WERE REFERRED TO PEB:
NAME SSN UIC REQ #
SMITH, W 000-00-0004 00005 1ST
//
BT